

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 17E630	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/30/2013
Name of Facility ANTHONY COMMUNITY CARE CENTER		Street Address, City, State, Zip Code 212 N 5TH AVE ANTHONY, KS 67003

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0156</u> Reg. # <u>483.10(b)(5) - (10), 483.10(b)(1)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0225</u> Reg. # <u>483.13(c)(1)(ii)-(iii), (c)(2) - (4)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0242</u> Reg. # <u>483.15(b)</u> LSC _____	Correction Completed 09/21/2013
ID Prefix <u>F0243</u> Reg. # <u>483.15(c)(1)-(5)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0244</u> Reg. # <u>483.15(c)(6)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0272</u> Reg. # <u>483.20(b)(1)</u> LSC _____	Correction Completed 09/21/2013
ID Prefix <u>F0279</u> Reg. # <u>483.20(d), 483.20(k)(1)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0280</u> Reg. # <u>483.20(d)(3), 483.10(k)(2)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0309</u> Reg. # <u>483.25</u> LSC _____	Correction Completed 09/21/2013
ID Prefix <u>F0314</u> Reg. # <u>483.25(c)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0315</u> Reg. # <u>483.25(d)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0323</u> Reg. # <u>483.25(h)</u> LSC _____	Correction Completed 09/21/2013
ID Prefix <u>F0325</u> Reg. # <u>483.25(i)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0329</u> Reg. # <u>483.25(l)</u> LSC _____	Correction Completed 09/21/2013	ID Prefix <u>F0353</u> Reg. # <u>483.30(a)</u> LSC _____	Correction Completed 09/21/2013

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

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<b>(Y1) Provider / Supplier / CLIA / Identification Number</b>  17E630	<b>(Y2) Multiple Construction</b> A. Building  B. Wing	<b>(Y3) Date of Revisit</b>  10/30/2013
<b>Name of Facility</b>  ANTHONY COMMUNITY CARE CENTER		<b>Street Address, City, State, Zip Code</b>  212 N 5TH AVE ANTHONY, KS 67003

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[illegible]

Reviewed By _____ State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:		
Reviewed By _____ CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:		
Followup to Survey Completed on: 8/26/2013		_____ Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table border="0" style="float: right; margin-top: 10px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>			YES	NO
YES	NO					